

# Survivor Informed Consent for High-Risk Team Case Review

Please review the following information regarding the case **referral** to the High-Risk Team (HRT).

## 1. Potential benefits of HRT active case review:

- Enhances communication-between agencies;
- Develops individualized and comprehensive safety plans for survivors; and
- Mitigates dangers high-risk offenders pose to the community.

## 2. Potential risks of HRT active case review

- Information shared at HRT meetings could be discoverable and admitted as evidence in criminal justice system proceedings.
- Information shared by a survivor may be conveyed to the offender, causing additional concerns for the safety of the survivor.

## 3. HRT Membership

The HRT may include representatives from the following agencies:911 DISPATCH	LAW ENFORCEMENT
PROSECUTION	COURT PERSONNEL
PROBATION & PAROLE SERVICES	LOCAL JAIL & STATE PRISON
LOCAL DOMESTIC VIOLENCE/SEXUAL ASSAULT PROGRAM(S)	BATTERER INTERVENTION PROGRAM

## 4. Case information reviewed by the HRT

- The high-risk team will discuss the following case information:

Lethality Assessment Report	Protective orders against the offender and violations
Kansas Standard Offense Report	Offender probation terms and violations
Offender criminal history and records	Offender release dates if incarcerated
Court dates	Offender parole terms and violations

**Please check the boxes below and sign and date the document if you agree to share your case information with the HRT.**

- ☐ I have been provided verbal and written information regarding the HRT case review process.
- ☐ I fully understand the benefits and risks of the case review process including the agencies serving on the HRT and information commonly discussed and disclosed at meetings.
- ☐ I give my consent to have my case reviewed by the high-risk team.

If you **do not agree** to have your case reviewed by the high-risk team, please check the box below and sign and date the document.

☐ I decline to have my case reviewed by the HRT.

\_\_\_\_\_  
Date and Time

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date and Time

\_\_\_\_\_  
High-Risk Team Coordinator Signature